

Foodborne/Waterborne Illness Investigation Form

SECTION 1.

PATIENT INFORMATION:

Section 1 may be completed prior to contacting the patient, if the information is known. If information is not known, the patient may be asked.

NEDSS ID # _____	Patient Initials: _____	Date of Interview: ____/____/____
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Circle one:

Campylobacter, Cryptosporidium, GI Illness/Outbreak of Unknown Etiology, Hemolytic Uremic Syndrome (HUS), Norovirus Outbreak, Salmonella, Shiga toxin-producing E. coli (STEC), Shigella

1. Sex: ☐ Male ☐ Female 2. DOB ____/____/____ 3. Age (years/months) _____

4. County of Residence _____

5. Ethnicity: ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

6. Race: ☐ White
☐ Black or African American
☐ Asian
☐ Native American/Pacific Islander/Alaskan Native
☐ Unknown

7. Was patient specimen sent for laboratory testing: ☐ Yes ☐ No ☐ Unknown

Type of Test: _____ Specimen Source: _____

Collection Date: ____/____/____ Result: ☐ Positive ☐ Negative

Name of organism isolated: _____ Serotype: _____

Isolate sent to the Division of Laboratory Services (State Lab): ☐ Yes ☐ No

8. Admitted to hospital for illness: ☐ Yes ☐ No Where: _____

Admission Date: ____/____/____ Discharge Date: ____/____/____

9. Antibiotic Therapy: ☐ Yes ☐ No

If yes, name of antibiotic: _____ Date initiated: ____/____/____

Duration of prescription: _____

Antibiotic resistance/susceptibility report available: ☐ Yes ☐ No ☐ Unknown

If yes, please send a copy to the Reportable Diseases Section with this form and the lab report.

SECTION 2.

INTRODUCTION

Hello, my name is _____ and I am calling from the _____ Health Department in regard to _____. I have some questions that I would like to ask you about the events and exposures prior to your illness. The answers you provide to the following questions may be used to help identify what made you ill. We may use the information you provide to prevent others from becoming ill in the future. All of the information you share will be kept confidential.

1. Are you a: ☐ Daycare/school worker ☐ Healthcare worker ☐ Food service worker ☐ Other

If other, what is your current occupation? _____

If ill individual is a child, is the child: ☐ Daycare attendee/worker ☐ School attendee/worker ☐ Healthcare Worker ☐ Food service worker ☐ Other

If other, what is the child's current occupation? _____

2. Who is your employer (name and address)? _____

If a child, who is the child's employer (name and address)? _____

3. Please give a brief description of your job: _____

4. Did you (or your child) work or attend daycare/school while sick? ☐ Yes ☐ No

If a daycare or school, list name of daycare/school and address: _____

6. If individual's occupation is in farming, working in a poultry factory, or other high-risk transmission setting, did they wear clothing into the house that they wore on the job? e.g. shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.? ☐ Yes ☐ No

Clinical Information:

7. Date and time of illness onset: ____/____/____ AM / PM (circle one)

8. Still ill at time of interview: ☐ Yes ☐ No If no, duration of illness: _____ hours / days (circle one)

9. Did you have any of the following symptoms? If they are unsure if they had a symptom, please leave it blank.

Unknown: ☐ Yes ☐ No

Headache: ☐ Yes ☐ No

Other: _____

Fever: ☐ Yes ☐ No

Diarrhea: ☐ Yes ☐ No

*Highest Recorded Temp _____

Bloody Stool: ☐ Yes ☐ No

Nausea: ☐ Yes ☐ No

Abdominal Cramps: ☐ Yes ☐ No

Vomiting: ☐ Yes ☐ No

10. Do you have a weakened Immune System? (e.g. Have you had cancer or are you currently under a doctor's care for cancer? Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No

If so, why? (list reason for weakened immune system). _____

General Exposures

1. Do you have any family, friends, or co-workers with similar illness: ☐ Yes ☐ No ☐ Unknown

If so, please specify:

Name	Age	Relationship to Patient	Symptoms	Occupation	Employer / Facility	Recommendations/Exclusion

2. Usual source(s) of drinking water? ☐ Tap water ☐ Bottled water ☐ Water from refrigerator (filtered by your refrigerator)

3. Usual source(s) of ice? ☐ Tap water ☐ Bottled water ☐ Store-bought ☐ Ice from refrigerator (ice made from water filtered by your refrigerator)

4. Type of water supply in your home? ☐ Public (e.g. city) ☐ Private (e.g. well) ☐ Unknown

5. What type of sewage system does your home have? ☐ Public (e.g. city sewer) ☐ Private (e.g. septic) ☐ Unknown

End of Page Notes _____

6. In the month prior to illness onset, have you had any problems with your water supply or sewage system at home or work? (e.g. boil water advisories, septic system back-up, water shut off, etc.) ☐ Yes ☐ No ☐ Unknown

If yes, please describe: _____

7. In month prior to illness onset, have you participated in any recreational water activities? (e.g. swimming, hot tub use, water-skiing, boating, attending a water park, or a therapy pool) ☐ Yes ☐ No ☐ Unknown

If yes, What/Where (location): _____ When: ____/____/____

Number of people in the pool (estimated)? _____ Any children or infants? ☐ Yes ☐ No ☐ Unknown

8. Have you been around any recent construction or soil disturbances? (e.g. gardening, farming, excavation for a house, home remodeling, potting soil, mulch or fertilizer, etc.)

☐ Yes ☐ No ☐ Unknown

9. Have you had any indoor animal exposure? ☐ Yes ☐ No ☐ Unknown

10. Have you had any outdoor animal exposure? ☐ Yes ☐ No ☐ Unknown

If answered "no" to questions 9 and 10, skip to question 13.

11. Have you been exposed to any of the following animals in the month preceding your illness?

Dog	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes (circle appropriate choice): adult/puppy indoor/outdoor
Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, (circle appropriate choice): adult/kitten indoor/outdoor
Cattle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, (circle appropriate choice): adult/calf
Swine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, (circle appropriate choice): adult/piglet
Poultry (chicken/turkey)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes (circle appropriate choice): chicken/turkey adult/chick type_____
Bird	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, (circle appropriate choice): adult/chick indoor/outdoor
Goat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, (circle appropriate choice): adult/kid
Sheep	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, (circle appropriate choice): adult/lamb
Equine (donkey, horse)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, (circle appropriate choice): adult/colt
Reptile (bearded dragon, lizard, snake, turtle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, type_____ Circle One: indoor/outdoor
Amphibian (frog, salamander, toad)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, type_____ Circle One: indoor/outdoor
Rodent (gerbil, guinea pig, hamster, mouse, prairie dog, rat, squirrel, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, type_____ Circle One: indoor/outdoor
Other animal(s) (hedgehog, rabbit, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, type_____ Circle One: indoor/outdoor

12. What type of pet food do you use? ☐ Wet ☐ Dry ☐ Unknown Brand: _____

Treats? ☐ Yes ☐ No ☐ Unknown Brand: _____

13. Who is responsible for feeding the animals you own? _____

14. Who is responsible for cleaning the animal's area (cage, aquarium, kennel, etc.)? _____

15. Have you been exposed to any ill pets or other sick animals? ☐ Yes ☐ No ☐ Unknown

End of Page Notes _____

If yes: Description of sick animal (type of animal, illness symptoms): _____

16. Did you visit a farm/petting zoo/fair/animal exhibit in the month preceding your illness? ☐ Yes ☐ No ☐ Unknown

Where: _____ When: ____/____/____ Type of animal(s): _____

17. Did you travel in the month preceding illness? (e.g. visited friends/family, day trips to other counties/states, vacation): ☐ Yes ☐ No ☐ Unknown

If yes: Travel in the U.S: Where: _____ When: ____/____/____

Travel outside of the U.S: Where: _____ When: ____/____/____

Mode of Travel: ☐ Airplane ☐ Bus ☐ Car ☐ Cruise ☐ Train ☐ Other

Identifier, such as flight no. airline, etc. _____

Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group

If with a group, what is the name of the organization/group you traveled with? _____

18. Did you attend any social events seven days preceding illness? (e.g. parties, church functions, picnics, weddings, etc.): ☐ Yes ☐ No ☐ Unknown When: ____/____/____

If yes: What: _____ Where: _____

Were others ill? ☐ Yes ☐ No If yes, please list: _____

Was food prepared onsite or catered? ☐ Onsite ☐ Catered

If catered, name and address of Caterer: _____

Foods consumed: _____

Activities (e.g. canoeing, petting zoo, etc.): _____

PART 3

The next group of questions that I am going to ask you will address the different food(s) that you (or your child) may have eaten during the 5 days before your illness onset. If you have a calendar nearby it may help to look at it while answering these questions, as it may prompt your recollection of activities/events you may have attended. Also, you may want to review receipts, your check book register, and credit/debit card statements for that time period to give you clues to restaurant or grocery store purchases. For children, you may want to review their school/daycare menu for that time period if it is available.

1. What grocery store(s) did you purchase the food(s) you may have eaten in the 5 days before your illness?

Grocery Store (Name and Address/Cross Street/Landmark): _____

When: ____/____/____ Do you have a shoppers card/reward card? ☐ Yes ☐ No ☐ Unknown

If yes, number/alternate ID: _____

Grocery Store (Name and Address/Cross Street/Landmark): _____

When: ____/____/____ Do you have a shoppers card/reward card? ☐ Yes ☐ No ☐ Unknown

If yes, number/alternate ID: _____

Grocery Store (Name and Address/Cross Street/Landmark): _____

When: ____/____/____ Do you have a shoppers card/reward card? ☐ Yes ☐ No ☐ Unknown

If yes, number/alternate ID: _____

2. Did you eat at any restaurants or have take-out food in the 5 days before your illness? ☐ Yes ☐ No ☐ Unknown

If yes, were they (choose all that apply): ☐ Fast Food ☐ Sit-down ☐ Other _____

Where (Name and Address/Cross Street/Landmark): _____

End of Page Notes _____

When: ___/___/___ Time: _____ Foods Eaten: _____

Where (Name and Address/Cross Street/Landmark): _____

When: ___/___/___ Time: _____ Foods Eaten: _____

Where (Name and Address/Cross Street/Landmark): _____

When: ___/___/___ Time: _____ Foods Eaten: _____

Where (Name and Address/Cross Street/Landmark): _____

When: ___/___/___ Time: _____ Foods Eaten: _____

3. Now I am going to ask you about the specific foods and beverages you may have consumed at home or away from home in the 5 days before your illness.

We are specifically talking about meals consumed on the following days (date range): _____

☐ **Limited Food Recall**

Meat, Poultry, Fish, Dairy, and Eggs.

Bacon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Ham	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pork (Not ham or bacon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Beef (not ground)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Ground Beef *If you ate ground beef in the 5 days prior to illness onset:	<input type="checkbox"/> Yes Date of Purchase: ___/___/___	<input type="checkbox"/> No Location of purchase:	<input type="checkbox"/> Unknown Type and Brand of Beef (e.g. package size, percent lean)
Chicken *If you ate chicken in the 5 days prior to illness onset:	<input type="checkbox"/> Yes Date of Purchase: ___/___/___	<input type="checkbox"/> No Location of purchase:	<input type="checkbox"/> Unknown Type and brand of chicken (e.g. breast, whole, ground, grilled)
Turkey *If you ate turkey in the 5 days prior to illness onset:	<input type="checkbox"/> Yes Date of Purchase: ___/___/___	<input type="checkbox"/> No Location of purchase:	<input type="checkbox"/> Unknown Type and brand of turkey (e.g. breast, whole, ground, grilled)
Deli Meats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Hot dogs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Seafood (besides oysters) *If you ate seafood in the 5 days prior to illness onset:	<input type="checkbox"/> Yes Date of Purchase: ___/___/___	<input type="checkbox"/> No Location of purchase:	<input type="checkbox"/> Unknown Type and brand of seafood (e.g. lobster, shrimp, calamari, etc.):
Fish *If you ate fish in the 5 days prior to illness onset:	<input type="checkbox"/> Yes Date of Fish Purchase: ___/___/___	<input type="checkbox"/> No Location of Purchase:	<input type="checkbox"/> Unknown Type and preparation of fish (e.g. canned, smoked, grilled, etc.):
Oysters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Wild Game (deer, pheasant, rabbit, fish) *If you ate any wild game in the 5 days prior to illness onset:	<input type="checkbox"/> Yes What type was it?	<input type="checkbox"/> No Where did you acquire it?	<input type="checkbox"/> Unknown How was it prepared?
Did you eat any other Meat Products? *If you ate any other meat products in the 5 days prior to illness onset:	<input type="checkbox"/> Yes Date Eaten: ___/___/___	<input type="checkbox"/> No Location of purchase:	<input type="checkbox"/> Unknown Type and brand of meat (e.g. lamb, goat, etc.):
Block cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Mexican Style Cheese (Queso)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

End of Page Notes _____

Fresco, Queso Blanco)			
Pre sliced Cheeses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Ricotta	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Cheese made with raw or unpasteurized milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Other cheeses (e.g. soft cheeses)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Cottage Cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Ice Cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
*If you drank any milk in the 5 days prior to illness onset:	Date of Purchase: _/_/___	Location of purchase	Type and brand of milk (e.g. whole milk, 2% milk, skim milk):
Soy Milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unpasteurized (Raw) Milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
*If you drank any unpasteurized milk in the 5 days prior to illness onset:	Date of Purchase: _/_/___	Location of purchase:	Type and brand of milk
Yogurt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Raw Foods from Animal Origin (raw eggs, raw meat, raw shellfish)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
*If you ate any raw food from animal origin in the 5 days prior to illness onset:	Date of Purchase: _/_/___	Location of purchase:	Type and brand of raw food

Juice/Fruit

Vegetables

Apple	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Basil, Parsley or Cilantro	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Apple Juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Broccoli	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Bananas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Cabbage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Blackberries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Carrot	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Blueberries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Cucumber/zucchini/squash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Cantaloupe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Frozen Vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Frozen fruit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Lettuce on sandwich	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Grapes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Mushrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Honeydew	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onion/Garlic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Orange Juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Potatoes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pomegranate Seeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Pepper (sweet, green, hot)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pomegranate Juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Type of Pepper: _____			
Frozen Berries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Tomatoes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Frozen Berry Blends/Mixtures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Salad (leafy greens)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Papaya	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Bagged/Pre-packaged Salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pineapple	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Brand: _____ Type: _____ Location of purchase: _____			
Raspberries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Spinach	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Strawberries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Sprouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unpasteurized Juice/Cider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Other Fresh Vegetable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Watermelon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Type of Vegetable: _____			
Other Fresh Fruit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Other Leafy Greens (kale, collards, swiss chard)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Type of Fresh Fruit: _____				Type: _____			
Other Juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Any Prepackaged fresh foods? (precut apples, salad kits)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

End of Page Notes _____

Premade/Processed Foods

Baby food (including taste testing for child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Beans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cereal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cole slaw within 24 hours of illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
*If you ate cole slaw in the past 24 hours before illness onset:	Date and time of Consumption: _/_/___	Where was it eaten?	Was it catered and by whom?	Type and brand of cole slaw:
Dried fruit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Frozen Dinners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Lentils	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Nuts (e.g. walnuts, almonds, peanuts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Peanut butter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Tofu	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Potato Salad within 24 hours of illness? (store bought or homemade)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
*If you ate Potato Salad in the past 24 hours before illness onset:	Date and time of Consumption: _/_/___	Where was it eaten?	Was it catered and by whom?	Type and brand of potato salad:
Pre-made dinner requiring reheat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Rice within 24 hours of illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
*If you ate Rice in the past 24 hours before illness onset:	Date and time of Consumption: _/_/___	Where was it eaten?	Was it catered and by whom?	Type and brand of rice:
Salsa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Store-bought egg salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Store-bought pasta salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Other store-bought premade salads (e.g. ham salad, chicken salad, seafood salad) Specify type: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Spices purchased at an ethnic food store or imported spices (e.g. Chinese spices, Indian spices, Mexican spices, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Home canned foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
	Date and time of Consumption: _/_/___	Type of food:	Is there any unused canned food available for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Interview Comments/Notes:

End of Page Notes _____

Counseling (initial once completed):

- _____ Educate on pathogen and source (e.g. animal, human)
- _____ Mode of transmission/prevention/control
- _____ Proper hand washing and personal hygiene
- _____ Avoid sharing personal hygiene products
- _____ Washing all fruits and vegetables; proper food storage and thorough cooking of meats
- _____ Avoiding cross contamination (surfaces, cutting boards, utensils, stored food in refrigerator)
- _____ Avoid direct contact with reptiles (lizards, snakes, iguanas, turtles)
- _____ Risks associated with unpasteurized dairy products, milk/juice
- _____ Avoid preparation of food for others
- _____ Disinfecting surfaces
- _____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings/sauces, raw cookie dough)
- _____ High risk circumstances for transmission identified.
- _____ Counseled to avoid activities that put others at risk of catching disease.
- _____ Directed individual to website for education: _____ or Mailed educational information to (address) _____

That is the end of our questionnaire. If I need any other information in the future, may I call you back? Please keep all receipts or other documents that you may have referred to during our interview today, we may have more questions related to those items.

If you think of anything else that you would like to report, please feel free to call me back. My contact information is _____. Again, thank you so much for your time and have a wonderful day.

Childcare Health Consultant Notified (if appropriate): ☐Yes ☐No ☐N/A

If yes, whom? Name: _____

Environmentalist Notified: ☐Yes ☐No ☐N/A

If yes, whom? Name: _____

Interviewer Name and Agency: _____

Enter completed questionnaire into NEDSS and retain a copy at the Local Health Department along with pertinent case information.

Fax laboratory reports to the Reportable Disease Section secure fax 502-696-3803.

End of Page Notes _____